

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

March 17, 2016 - 9:30 am to 1:00 pm
Polk County River Place, Room 1
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Thomas Broeker
Jody Eaton
Marsha Edgington
Lynn Grobe
Kathryn Johnson
Betty King

Sharon Lambert
Brett McLain (phone)
John Parmeter
Rebecca Peterson
Patrick Schmitz
Rebecca Schmitz (phone)
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello
Richard Crouch
Representative David Heaton
Geoff Lauer

Senator Liz Mathis
Representative Scott Ourth
Michael Polich
Marilyn Seeman

OTHER ATTENDEES:

Bob Bacon	The University of Iowa CDD
Teresa Bomhoff	NAMI Greater Des Moines
Marni Bussell	Iowa Medicaid Enterprise
Laura Butzke	AmeriHealth Caritas
Eileen Creager	Area Agencies on Aging
Lisa D'Aunno	The University of Iowa School of Social Work
Jim Friberg	Department of Inspections and Appeals
Karen Hyatt	DHS, Community Services and Planning
Steve Johnson	United Healthcare
Bill Kallestad	Lutheran Services Iowa
Becky Pospisil	Easter Seals Iowa
Jim Rixner	Siouxland Mental Health Center
Peter Schumacher	MHDS, Community Services & Planning/CDD
Kala Shipley	Iowa Department of Public Health
Rick Shults	DHS, MHDS Division Administrator
Karen Walters Crammond	AmeriHealth Caritas

Welcome and Call to Order

Patrick Schmitz called the meeting to order at 9:36 am and led introductions. Quorum was established with twelve members present, and two participating by phone. No conflicts of interest were identified for this meeting.

Approval of Minutes

Tom Bouska made a motion to approve the February 18 minutes as presented. Lynn Grobe seconded. The motion passed unanimously.

Patrick Schmitz acknowledged the loss of Jackie Dieckmann and her mother Illa Pfeiffer. Theresa Armstrong said the Department will be supporting the family however they can. The Commission observed a moment of silence.

Peer Support and Family Peer Support Specialist Update – Lisa D'Aunno and Karen Hyatt

Lisa D'Aunno introduced herself as the Training Director for the Peer and Family Peer Support Specialist project at The University of Iowa. The University started by recruiting advisory committees for the Peer Support portion and the Family Peer Support portion. These groups meet quarterly and review parts of the University's plans regarding the project.

Lisa said they developed an application process and are looking into ways it can be made more accessible to people. The training for Peers is done in five consecutive days, and Family Peers complete their training in two sessions of three days considering many of them have children at home.

Patrick Schmitz asked if the application had been shared with providers such as Community Mental Health Centers (CMHC). Lisa answered that it had not, but said that it might be useful for providers to have the application.

Lisa said in the trainings they have had so far, people who are currently employed as Peer Support Specialists (PSS) and Family Peer Support Specialists (FPSS) are prioritized. The University of Iowa is also recruiting and training co-trainers who are people with lived experience with mental health or have family with mental health needs.

The curriculum for the training was originally based on The Georgia Model from Appalachian Consulting. The University contracted with them to build the curriculum around the needs of the project. Lisa said the curricula are under development even now as they learn more about what is needed from it. All hours are required for passing, as well as completion of homework, and passing an online exam. A passing score is 70%. Lisa said forty-three PSS and thirty-two FPSS have completed that process.

Lisa said employers are very interested in learning more about the trainings and what types of skills the people receiving this training will be building. Likewise, the individuals receiving the training are interested in having a career in this field.

Kathy Johnson said she has seen many people go through peer support training, and that there seemed to be a barrier for some in getting the state certification. Kathy asked if there had been any efforts from the University to keep cohorts in contact with each other to act as a support system. Lisa answered that the University's test was written to count for the Iowa Board's certification. Lisa said the Board has since added a requirement that she thought PSS and FPSS would want to have, and they are working to address that requirement in their training. She said that many individuals create facebook groups to support each other, and Iowa Advocates for Mental Health Recovery have started a support network, and the University wanted to be supportive of that effort.

Kathy asked if Integrated Health Homes (IHH) would still be able to hire people into the peer support role before they have completed their certification. In the past, they had been able to do

this with the understanding that the peer would complete their certification in the future. Karen Hyatt answered that the Department is working on that question, but they will be having that conversation after April 1 due to the Medicaid transition.

Betty King asked where the online testing takes place. Lisa answered that the test is taken at a home computer. There is a password and a time limit, and it is up to the individual to complete the test.

Karen Hyatt spoke about the training of supervisors for PSS and FPSS. The Department received a grant for supervisor training, and they will have two, one-day sessions for five-person teams. The training session is designed to explain what the peer support service is, and what function it is supposed to fill.

Kathy asked if the invitation goes to the MHDS Region CEOs, and the CEOs decide who else comes, or if there is another way the invitations are working for the training. Karen answered that the Department will be meeting on this to determine how to handle invitations to the training sessions in a fair manner. Lisa said the advisory board suggested inviting teams with a variety of experience to the training sessions.

Jen Sheehan said she thought resume-building or mock interviews might be useful general job readiness skills for individuals looking for their first professional position. Jen said it might also be useful to include human resources staff who could help explain the job application and interview process for these positions. Lisa said she appreciated the input, and that they have worked hard to model professional dress and behavior during the trainings to acclimate individuals to the environment.

Betty King asked where someone would be able to find information about the continuing education opportunities. Lisa said there are email lists, there is information in the University of Iowa's website, and their partners are sending information out on their distribution lists.

Kathy Johnson asked if there was a long term plan to move these training sessions into community colleges. Lisa said she has heard that suggestion several times. She said that right now, they are working on developing and tuning the curricula and certification criteria, and the long term setting for these trainings is a question that will come up later.

Mental Health Services System for Children, Youth, & Families Implementation Status Report – Laura Larkin

Laura introduced herself, and spoke about the four Systems of Care programs in Iowa. She said that in 2008, there was legislation regarding a mental health system for children and youth. At the time, there was no method for care coordination for children on Medicaid or otherwise. A Request for Proposals (RFP) was issued and a Systems of Care program was awarded to Orchard Place in Des Moines. Other Systems of Care grants were awarded to Four Oaks, Tanager Place, and the University of Iowa. Community Circles of Care is another Systems of Care program that was started with a grant from the Substance Use and Mental Health Services Administration (SAMHSA).

Laura presented overviews of the programs and the outcomes contained in the report.

Jim Rixner asked if there were income guidelines for eligibility for the Systems of Care programs. Laura answered that there was not. Eligibility is based on need. These programs are for children who have the same needs as a child on Medicaid, but are not themselves eligible.

Kathy Johnson asked if Laura thought the program might expand in the future. Laura answered that the Department works with the funding allocated to them by the Legislature.

Teresa Bomhoff asked if the Systems of Care programs are similar to the Learning Labs mentioned in SF 2297. Laura said it was not clear at this point how those initiatives would interact.

Tom Bouska asked if there is information showing a difference in outcomes between children being served in Systems of Care programs and children who are not. Laura said it is very difficult to draw conclusions, and that there are many variables besides whether or not children are being served by Systems of Care.

DHS/MHDS Update – Theresa Armstrong and Rick Shults

Theresa spoke about bills that concern mental health and disability services.

SF 2101: Provides for a 20% increase in supported employment rates. The bill is in the Appropriations Committee so it is immune to the funnel.

SF 2161/SF 2297: Is a bill concerning the recommendations from the Children's Mental Health and Well-Being Workgroup. This bill was also referred to the Senate Appropriations Committee so it is immune to funnels.

SF 2259: is a bill related to individuals with serious mental illness (SMI) and are on civil commitment orders. Under this bill, if such an individual was not complying with outpatient treatment under their commitment order, the judge could order the individual into protective custody and taken to the outpatient setting where they will have the ability to choose to comply with treatment, or be taken to inpatient care.

SF 2144: is a bill related to the disclosure of mental health information for the purposes of care coordination. The Health Insurance Portability and Accountability Act (HIPAA) would still apply. This bill has passed the House and the Senate.

SF 2236: is a bill on the MHDS levy. This bill would give the authority to raise their property tax levy for MHDS services up to \$47.28 per capita. Counties would not have to do anything, but there are forty-five counties that are currently under that level that would be allowed to raise their levy.

Theresa spoke about bills that did not survive the second legislative funnel.

HF 2112: which is a bill that would require certain health insurance plans to cover services for autism. Theresa said a possible reason for this was the Autism Support Program, which is expected to underspend this year. Theresa said there was concern that this requirement may not address the real issue, and there might be a way to better address the needs.

HF 2039: is a bill that would require mental health professionals to give information on the commitment process to an immediate family-member of an individual who is a risk to themselves or others.

HSB 511: was a study bill that would exempt certain rural areas of the state from the Certificate of Need process.

HSB 564: was a bill that would give people an opportunity to designate a caregiver to be notified at the time of discharge.

HSB 566: would have required direct care staff in certain care facilities to have training on dementia.

SF 2188: was a bill that would allow psychologists to prescribe medication if they completed additional training.

HF 2366 would give mental health advocates exclusive control over the performance of their advocate duties. There was an amendment to clarify that this would mean MHDS Regions would not be able to retaliate against advocates for decisions they make.

Rick Shults spoke about the Revenue Estimating Committee. The committee predicted continued, but modest growth in Iowa. There does not seem to be a need to adjust budget targets to accommodate changes in expected revenue. Rick said that the Legislature will start working on more detailed proposals for the budget now that they have this estimate. Currently, the chambers have drawn broad targets, but have not built detailed proposals. Rick said the Senate's target is close to the Governor's budget, but the House's target significantly lower.

Teresa Bomhoff asked if the General Assembly had passed a bill that would reduce the revenue available to the state. Rick answered that the bill that was passed that was a so-called "Coupling" bill that brings the Iowa Tax Code in alignment with the Federal Tax Code. This would reduce revenue for the current fiscal year, but the General Assembly did not make a commitment for future years.

Theresa Armstrong said the Department is working to make the CareMatch inpatient bed-tracking system more user-friendly. Now when a person sees the homepage for the system, it displays a map of Iowa with color-coded counties depending on how many available beds there are in that county. Users can click on the county and get more details. Hospitals are updating their information more frequently than they had been. Theresa said it is important to understand that the system shows beds available in a point in time. The system could show a bed open, and be filled five minutes later. Lately, the system has been showing an average of around fifty beds open between children and adults.

Sharon Lambert asked if these beds were subacute beds. Theresa answered that the beds shown are only inpatient psychiatric beds.

Teresa Bomhoff expressed concern that inpatient beds are not available for people who need them. Rick said that just because a hospital has a bed open does not necessarily mean the hospital is able to admit a specific patient. Rick said the Department is looking into these issues, and finding that the two most common reasons are individuals who are experiencing very acute and serious substance use, and individuals who are exhibiting serious aggressive behavior that makes it difficult to serve the individual. The Department is discussing these challenges with stakeholders and trying to find out what it would take for more hospitals to be able to serve these individuals.

Jim Rixner expressed concern with the geographic disparity and where the beds are physically available and the lack of public or private partners who have facilities in the state. Jim spoke about a facility that was planned to be built in the Quad Cities, but was not able to due to the

Certificate of Need process. Sharon Lambert said she agreed with Jim and spoke of her experience trying to find care for her grandson. Rick spoke about the Certificate of Need process for a freestanding psychiatric hospital. Rick said the Governor was quoted in the press as saying that the Certificate of Need process needs to be reviewed.

Theresa Armstrong spoke about the Department of Corrections (DOC) project that would work with MHDS Regions and mental health providers to bring them together and learn about how their work interacts. The Department has finished its first round of training, and has had sessions in each judicial district. Theresa said feedback on the sessions has been positive, and that people believe the training is valuable.

Theresa spoke about the Community Mental Health Services Block Grant (MHBG). Last year, SAMHSA said states needed to set aside 5% of their funds for first episode psychosis training. The next grant will require 10%, so approximately \$400,000 for teams that will be operating across the state. The Department will also be doing more data collection and analysis with the additional funding.

Rick Shults spoke about the continued development of the Olmstead Plan with the Olmstead Consumer Task Force. Rick said the plan follows the MHDS Redesign work plan very closely. The plan will require the Department to be monitoring the success of the Olmstead Plan with the help of data collected by MHDS Regions, Medicaid MCOs, and other partners. Most of the data required is already being collected in some form.

Rick spoke about the I-START program from the County Social Services (CSS) Region. I-START is a broad-based assertive community treatment initiative for individuals with intellectual disabilities and behavioral challenges.

The Department presented the oversight plan for IA Health Link to the Senate Human Resources Committee. The Department also spoke about Case Management entities for Medicaid long term services and supports have all signed with Medicaid Managed Care Organizations (MCOs) with the exception of a very small number. The MCOs have plans to ensure that members who have case managers with those unsigned entities will receive case management services.

Patrick asked how many case managers there are in the state. Rick answered that there are approximately 635 in Iowa. The highest number of case managers for one MCO is approximately 580.

John Parmeter said MCOs are taking different approaches for IHH, and that different things might be covered for members with different MCOs. John asked if there are any efforts by the Department to standardize those approaches. Rick answered that there are efforts to make IHH services more consistent between MCOs.

Kathy Johnson said that she has heard there have been some changes to the State Plan Amendment (SPA) regarding IHHs. She asked if this is accurate, and if these changes are final or if there's still time for comment. Marni Bussell answered that the changes will have minimal impacts, and acknowledging the MCOs coming into the state. There has been discussion about the number of visits, and they are trying to standardize requirements across SPAs and contracts. Patrick said there are some changes that are in comment period at the time of the meeting.

Kathy Johnson asked about the informational letter Iowa Medicaid Enterprise (IME) released on the prior authorization process. There are some services that do not require prior authorization currently, but will under IA Health Link. Kathy said she hoped that those services would be covered through the month of April to ensure there is no gap in services. Theresa said she would follow up on that question.

Theresa spoke about the Certified Community Behavioral Health Clinics (CCBHC) project. The Department is currently looking to certify two to four providers who could provide a wide-array of services including outpatient mental health and substance use programs as well as some crisis services. This program is a collaborative effort between the Department of Human Services and The Department of Public Health. The Department decided to do an RFP process to certify the providers for this program. There will be a stakeholder advisory group meeting for the second time at the end of March, and they will examine the grant and Evidence-Based Practices (EBPs) in detail. The group will also look into doing a Needs Assessment for Iowa.

Rebecca Peterson asked if the notes for the stakeholder meetings are published. Theresa said they are on the Department's web page.

Jim Rixner asked if the First Episode Psychosis funding from the MHBG is additional money, or if it comes out of the \$4 million grant. Theresa answered that it is additional money. Jim said he hoped people did not forget about the waiver programs because he had heard the waiting list was up to three years.

State Innovation Model Update – Marni Bussell and Kala Shipley

Marni Bussell introduced herself and explained that currently the health care system pays for the number of services provided rather than the quality of the outcomes the service provider brings about. This incentivizes providers to do more, but not necessarily to do better. This grant looks to shift from volume-based healthcare to a system that is based on quality outcomes.

Marni Bussell presented a PowerPoint presentation on the State Innovation Model (SIM) grant Iowa receives from the Center for Medicare and Medicaid Innovation (CMMI).

Marni spoke about the State-Wide Alert Notification (SWAN) system which is an innovative approach to leverage data that is already being collected. The SWAN will connect all hospitals in the state to send admission, discharge, and transfer data to a central location, and send it to their care teams.

Patrick asked if there is a plan to get any out-of-state hospitals into this system. Marni said right now IME is focusing on the 118 hospitals in Iowa. As the system shows value, that may be one of the next steps.

Jen Sheehan asked if the SWAN system is already in place, and how many hospitals are utilizing that service. Marni answered that the system started sending alerts in December of 2015. Currently there are between twenty and twenty-five hospitals sending alerts, and IME is sending that data to two Accountable Care Organizations (ACOs) in the state. IME is actively working with providers to get them utilizing the system.

Rebecca Peterson asked how IME negotiates HIPAA and other privacy laws. Marni said they provide alerts to providers who have responsibility for specific individuals. Alerts are only being sent to people involved in the care for those specific individuals, for the purpose of caring for those individuals. This is allowed by federal and state privacy laws.

Kathy Johnson asked if the alerts are being sent to the provider who is on-record as the primary care physician. Marni answered that the alerts are sent at the ACO level right now to test the system, and evaluate how this information could be most effective.

John Parmeter said in the mental health world, it is difficult to find care coordination between providers who do not regularly interact. John asked if this system could be geared to helping in that gap. Marni answered that there are a number of efforts that are aimed to improve care coordination between all providers, and this is one of them.

Kala Shipley presented a PowerPoint on the Iowa Department of Public Health's (IDPH) involvement in the SIM grant.

Planning for the April Meeting

There was a request for a presentation on the I-START program in the County Social Services MHDS Region, and for a presentation on outcomes and evidence-based practices statewide initiative in MHDS regions from John Grush.

Patrick asked for Commission members to form a Nominations Committee to nominate a Chair and Vice Chair for the next year starting in May. Tom Bouska, Jody Eaton, and John Parmeter volunteered to serve on the committee.

Public Comment

There was no public comment.

The meeting was adjourned at 12:340 pm.

Minutes respectfully submitted by Peter Schumacher.